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small hospital, where patients can go who are in too acute a stage of the disease to be admitted to the sanitarium, but whose symptoms would probably soon subside with good care and nursing, and who would then be eligible for the sanitarium. This is also partly charitable, as the charges here are only seven dollars a week. The cottage can only accommodate ten patients, but it is a great blessing to those, and the extension of this plan is something that is sadly needed.

CLINICAL TEACHING FOR NURSES *

By ISABEL McISAAC

Superintendent of Nurses Illinois Training-School, Chicago

It needs no argument to convince this audience of the value of clinical demonstrations in teaching nurses, and every superintendent has no doubt struggled with the question of methods. No one will deny that if each probationer and junior nurse had a head nurse who is a good teacher to spend her whole time with her during her first year we would produce excellent results, but as that is entirely out of the question, we must utilize our material and time to the best advantage.

In a large school this subject is one of more gravity than in the smaller ones; the larger the school, the harder the problem. Given twenty good nurses and twenty probationers to be taught bedmaking, we may not get twenty ways of doing it, but the number will be large enough to discourage the most sanguine. Beside bedmaking, there are any number of routine duties to be taught in which we desire uniformity. If these be taught theoretically in class and then each head nurse demonstrates in her own particular way, we still get too much variety. Seven years ago I undertook to minimize this unsatisfactory variety in a very large school. Taking the methods of the surgeons in their clinics, I made our first demonstration one on beds and bedmaking. We called the class into a large operating-theatre, where there was room for practical work. We had in the arena all kinds of hospital beds, even a water-bed; all kinds of mattresses, including straw and air; all sorts of bedding and pads, rings, cradles, hot bricks, hot-water cans and bags, rubber blankets and rubber cloth for the protection of the bed, and rubber pillow-slips.

Beginning with the bed, a talk is given on metal and wooden beds, explaining why the metal is more sanitary; then a demonstration of

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cleaning the bed and how to prevent and exterminate vermin; then upon the care of the mattress and pillows. Every article of bedding is gone over, explaining the various materials, special attention being given to the blankets. A bed is then made up, one of the special points being to teach how a bed may be made by going around it just once, instead of running from one side to another with every article of covering. A bed with a straw mattress is then made and also a water-bed, boards are put under the spring cross-wise to make an unyielding fracture-bed. A woman patient is then undressed and put to bed; she is put into all sorts of positions and turned and lifted, pillows are put in and taken away, pads, cradles, and bed rests of all sorts are adjusted, and external heat is applied to the feet. A good deal of time is given to turning and changing positions, special stress being laid upon the typhoid and abdominal surgical patients, teaching how such work may be done without jerking and bumping against the patient or the bed. It is often as good a lesson to show the wrong way and then the right. Long and short night-gowns are put on and off the patient, and it is just here that very young nurses get their first sermon on undue exposure of the patient—a very large text, which bears any amount of preaching upon through the whole of their training. This demonstration takes two full hours, with an assistant to the teacher. Everything should be ready to begin promptly, and it will probably only be after some practice that it will be finished in two hours. I may say here that it is the most exhausting work for the teacher, who must be almost constantly speaking. She should have a schedule made out to which her assistant may also refer, that the demonstrations may go on in proper order and no time wasted. These clinics do not take the place in any way of the regular lessons, lectures, and ward teaching, but serve as a review. We require head nurses to attend one course a year.

We have eight demonstrations and give them three times a year, so that all pupils come before they are in the school any length of time. The second clinic is changing the patient from one bed to another, baths for cleanliness, combing hair, changing the bed with patient in it, sponging, packing, sprinkling, and tubbing for temperature.

THIRD CLINIC.

Local Applications.

Poultices: Linseed, bran, cornmeal, bread, onion.

Fomentations and turpentine stupes.

Plasters: Belladonna, adhesive, mustard, spice.

Blisters: Cantharides, croton oil, chloroform, painting with iodine, cupping, ice-bags and ice-coil, cold compresses.

FOURTH CLINIC.

Enemata: Alcohol sweat, artificial respiration, gastric lavage, nutritive, laxative, sedative, stimulating, saline, colonic flushing.

FIFTH CLINIC.

Getting out medicines, measures, weights, etc.; methods of administration; care of hypodermic syringe and needle.

Making solutions: Carbolic acid, bichloride mercury, boric acid, normal salt, iodine, acetate aluminum, permanganate of potass, etc.

All about specimens of urine and sputum.

SIXTH CLINIC.

Fractures: Beds, splints, bandaging, positions, and handling.

Use skeletons and charts.

Shock: Application of external heat, friction, stimulation.

SEVENTH CLINIC.

Sterilization: Hands, instruments, utensils, dressings.

Field of operation: Dressing simple surgical wound, making iodoform gauze.

EIGHTH CLINIC.

Care of gynæcological patients: Positions, local applications, vaginal douche, vesical douche.

Preparation for gynæcological examinations and operations.

All of these subjects may be amplified to a great degree where there is time; it would be better to divide them into ten or eleven demonstrations. The success of this method, like all teaching, depends upon the interest aroused. Who has not heard, for instance, a dear, good, tiresome teacher describe the circulation of the blood in such a way that it is as interesting as directing one to go one block south and three blocks west and go on until one arrives at the starting-place, whereas the story of the circulation is like a fairy tale if it be properly told. Take, for instance, the vapor-bath or alcohol sweat for a patient in uræmic coma. Nothing a nurse can do for a patient requires more intelligence. It is not enough for her to know that the patient must sweat, but she should know why he needs to sweat, and should watch the effect upon him; she should know why his skin burns so easily, what she may give him to aid the action of the skin, why each individual patient must be a law unto himself as to the length of time he is left in the sweat, why he may need to be taken out after a few minutes, and why she must guard against chilling. It may be made extremely interesting and impressive, or very tiresome and therefore speedily forgotten.

It is a hobby of mine that a few minutes of time from each meeting for class should be devoted to the ethical side of nursing, and these demonstrations not excepted.

NURSE AND PATIENT

By MRS C. G. CURTIS.

IN the very early days of the Boston Training-School for Nurses this question was asked of one of those who from the first assisted in the efforts to make it successful, "How many first-rate nurses do you expect to graduate during the year?" and the answer was, "Just so many as first-rate women enter the school."

This answer was no more true of nursing than of any other profession, and is equally applicable to men and women. But there is this difference: that in scarcely any other position in life, out of one's own home, where we have the right to expect consideration, do personal characteristics count so much for or against success.

The two wise and interesting articles written by Dr. S. Weir Mitchell and by Dr. Worcester in the August number of *THE AMERICAN JOURNAL OF NURSING* have suggested to me that some thoughts concerning the qualities needed to make that profession a successful and agreeable relation between nurse and patient might be useful. They are given as the outcome of an experience of more than twenty years as director on the board of a large training-school, and of careful observation,—I will not say of both sides, for I think the relation must be considered as a copartnership to be a satisfactory one, but of the natural reasons why nurse and patient, coming together without previous knowledge of each other, should each need some forbearance. When you add to this that the usual family routine must be carried on with added work in each department, what wonder is it that without care and consideration friction should come? I speak now of the average household; of course, there are large establishments where the addition of illness would be of less consequence, so far as mere work is concerned.

I happened to be placed in a position where, as a director, I heard from the first many criticisms of the school, levelled, I must say, against the Board of Directors quite as much as against the nurses, and had to answer every kind of complaint, from the most reasonable to "Why cannot you teach your nurses to light the gas without making it pop?" This naturally led me to give much thought to those who required to be nursed, as well as to those who were to do the nursing, with the